

Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1304	Behavioral Research Associates, Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
4288 1/2 Southern Avenue, S.E.		Washington	DC	20019-5630
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
P.O. Box 442110		Fort Washington	MD	20749
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(202) 575-3840		(202) 575-0126	behaviorresearch@verizon.net	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Andrew M. Gordon	Executive Director
*Name	*Title
(301) 203-1942	(301) 203-4552
*Telephone	E-mail
Other Telephone	behaviorresearch@verizon.net
Fax	

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

ANNETTE HOUSE	202-365-8218			
Name of Registered Agent for Service of Process	Telephone	E-mail		
2617 DOUGLAS PL SE	203	WASHINGTON DC 20020		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓	2008	Ford	1FBNE31L780B31727	46250B	MD	12	NO
✓	2007	Ford	1FBSS31L67DA97712	30488B	MD	8	Yes
✓	2006	Ford	1FBSS31L06DA04603	39592B	MD	9	Yes
✓	2002	Dodge	2B5W35222K131406	30487B	MD	15	NO
✓	2005	Ford	1FBNE31L75HB07495	37988B	MD	12	NO
✓	2001	Dodge	2B5WB35Z11K552533	30486B	MD	15	NO
✓	2011	Ford	1FTSS3EL3BD272777	30485B	MD	8	Yes

7. ***CERTIFICATION:**


I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Andrew M Gordon

*Name (type or print)

Executive Director

*Title (not required for sole proprietors)



*Signature

1/8/13

*Date